29 7006 W	·		Application Number	10	PTO/SB/21 (0 10/661,228		
TRANSMITTAL FORM			Filing Date				
FORM			First Named Inventor		September 12, 2003		
	1 OIGH		Art Unit		paeth, Paul 376		
			Examiner Name				
(to be used for all correspondence after initial filing)			AM D l A N h		dwyn Labaze		
Total Number of P	Pages in This Submission	13	,	10	5222U-012510US		
		EN	CLOSURES (Chec	k all that app	ly)		
Fee Transr	mittal Form		Drawing(s)		After Allowance Communication to		
					Appeal Communication to Board		
	e Attached		Licensing-related Pape	'S	of Appeals and Interferences		
Amendment/Reply			Petition Petition to Convert to a Provisional Application		Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)		
After Final					Proprietary Information		
Affidavits/declaration(s)			Power of Attorney, Revocation Change of Correspondence Address		Status Letter		
Extension of Time Request			Terminal Disclaimer		Other Enclosure(s) (please identify		
一					below): Return Postcard		
Express Abandonment Request			Request for Refund		, , , , , , , , , , , , , , , , , , , ,		
Information Disclosure Statement			CD, Number of CD(s)		·		
			Landscape Table	e on CD			
Certified Copy of Priority Ren		Ren	narks The Commissioner is authorized to charge any additional fees to Depo				
☐ Document			Account 20-1	130.			
Reply to M	lissing Parts/ Incomplete	1					
Re	ply to Missing Parts						
∟ und	der 37 CFR 1.52 or 1.53		•				
	SIGNA	TURE	OF APPLICANT, A	TTORNEY,	OR AGENT		
Firm Name	Townsend and Jowr	send a	nd Crew LLP				
<u> </u>	<u> </u>						
Signature	I havenykh	1					
Printed name	Jason\D. Lohr	1/					
Date	January 17, 2006			Reg. No.	48,163		

Date

January 17, 2006

Signature Sirpa Kirjonen

Typed or printed name

9 7006 25 /						PTO/SE	3/17 (12-0		
E. Effective on	12/08/2004.			Complete	if Known				
Fees pursuant to the Consolidated A	ppropriations		Application Number	er 10/661,22	28				
FEE TRAN	ISM	ITTAL	Filing Date		er 12, 2003				
			First Named Inver		Spaeth, Paul				
For FY	200	<u>ວ</u>	Examiner Name		Edwyn Labaze				
Applicant claims small entity	status. Se	e 37 CFR 1.27	Art Unit		2876				
TOTAL AMOUNT OF PAYMENT	т (\$) 10	00)12510US		-		
			Attorney Docket N	10. 102220-0	71231003				
Check Credit Card			e Other (plea	ose identify)					
Deposit Account Depos				nt Name: Townsen	d and Townsend	and Crev	w LLP		
For the above-identified									
Charge fee(s) indi				e fee(s) indicated		or the fill	ng fee		
		w or underpayments of fe		3 100(0)					
X lunder 37 CFR 1 16	3 and 1 17		Credit	any overpayments					
WARNING: Information on this form	n may beco TO-2038	me public. Credit card in	formation should not	be included on this	torm. Provide cr	east card			
EE CALCULATION									
. BASIC FILING, SEARCH	. AND EX	AMINATION FEES					_,		
. BAOIO I ILINO, OLANOII	FILING F		ARCH FEES	EXAMINATION					
Aunlication Tune	Small Fee (\$) Fe	Entity	Small Entity (\$) Fee (\$)	Small Fee (\$) Fee		Fees Paic	1 (\$)		
				200 100					
Utility		50 50			_				
Design		00 10		130 6	_				
Plant	200 1	00 30	0 150	160 80	_				
Reissue	300 1	50 50	0 250	600 30					
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2. EXCESS CLAIM FEES			•				nall Enti		
Fee Description				ha aniainal mata		<u>Fee (\$)</u> .50	Fee (\$		
Each claim over 20 or, for R Each independent claim ove	eissues, e	each claim over 20 a Reissues, each inde	na more than in t nendent claim m	ore than in the c	nı original natent		100		
Multiple dependent claims	1 5 01, 101	Reissues, each mae	pendent claim in		B	360	180		
• •			ee Paid (\$)	<u>Multiple Dep</u>	Multiple Dependent Claims				
26 -20 or HP =		x\$50 =	\$100	<u>Fee (\$)</u>	Fee Paid (\$	<u>5)</u>			
HP = highest number of total claims r Indep. Claims Ext	paid for, if gr tra Claims		ee Paid (\$)			_			
		x \$200 =	\$0						
HP = highest number of independent									
3. APPLICATION SIZE FEE	:								
If the specification and draw	wings exc	ceed 100 sheets of pa	iper, the applicati	on size fee due	18 \$250 (\$125 ED 1 16(s)	for small	ii entity		
for each additional 50 s Total Sheets Ex	neets or 1 xtra Sheet		each additional 50	or fraction there	of Fee (\$)	Fee Pa	aid (\$)		
- 100 =	KII A OHOOL	/ 50 =				=			
		-	_			Eage (Paid (\$)		
4. OTHER FEE(S)		120 C (: 4:			1 663 1	aid (ψ)		
Non-English Specificat	tion, \$1	130 fee (no smail en	ity discount)						
Other:									
SUBMITTED BY	0 0								
Signature	MANA		Registration No. (Attorney/Agent)	48,163	Telephone	415-576	-0200		
Name (Print/Type) Jason D.	17 10 V		1	.	Date / -	7/200	2(0		